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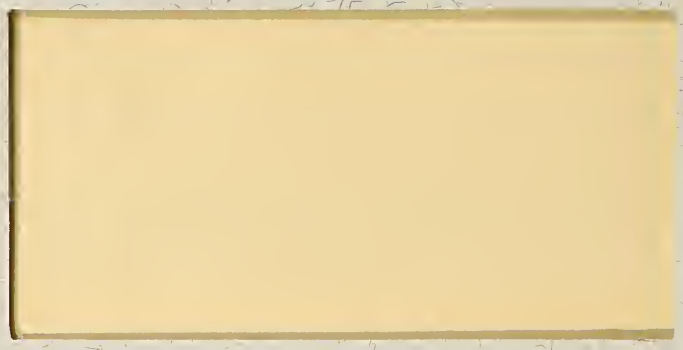
USE OF MEDICAL CARE BY A SAMPLE OF THE MEDICAID POPULATION: A COMPENDIUM OF DATA TABLES California, 1976-1978

Philip J. Held

THE URBAN INSTITUTE
WASHINGTON, D.C.



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THE URBAN INSTITUTE
2100 M Street, N.W., Washington, D. C. 20037

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I. INTRODUCTION

Empirical analyses in health care research invariably generate numerous informative statistics describing various aspects of the health care system. Obviously the statistics are generated for a specific analytic purpose and are, therefore, used and quoted with a particular set of hypotheses in mind. Typically, however, the data included in the numerical tables can serve more than one purpose--and indeed are only partially exploited in the research for which they are generated. We regard the tables generated for the California Medicaid analysis as fitting this description. We have therefore collected them here as a reference guide for the audience who are as interested in basic descriptive statistics as they are in the particular hypotheses we have chosen to examine.

This compendium of descriptive statistics is the by-product of extensive analyses of the effects of changes in Medicaid physician fees in California in 1976. The project focused on the use of all Medicaid services by a sample of eligibles in the 6-month period (January to June 1976) prior to the physician fee increase (fall 1976) and in two 6-month periods following the increase (January to June 1977 and January to June 1978). The project had the following valuable characteristics:

- It was patient based as compared with many other analyses which are physician based.
- It had available to it almost the entire set of Medicaid beneficiary medical claims including physician, hospital, laboratory, x-ray (nursing home and drug claims were about the only exclusions).
- It could draw upon large samples of beneficiaries.

- It was able to initiate the analysis with eligibility files and then proceed to the utilization by these Medicaid eligibles. This is distinct from most other studies which focus on utilization and thus must omit the effect of price on the changes in the number of eligibles who become users of medical care.
- It was able to focus on the effects of a substantial increase in physician fees.

The next section presents the sources of the data and a short description of the methodology employed. The detailed tables follow.

II. DATA

Medicaid claims for payment made by all providers to California's Medicaid program were used to construct the following compendium of tables. Medicaid eligibility files maintained by the state of California were also used. Data were collected for a sample of disabled Medicaid eligibles and female AFDC eligibles for a 6-month period from January to June in each of three consecutive years (1976-1978). Over 8,000 eligibles were included in each subsample, yielding a total sample size of over 16,000 Medicaid beneficiaries. The Medicaid claims data included the following information:

- Medicaid procedure--e.g., office visit of a specific nature; surgical procedure.
- Setting of care--e.g., outpatient department, physician's private office.
- Provider type--e.g., short-term hospital, physician, clinic.
- Specialty of the physician--e.g., internist, general practitioner.

Counts of services and expenditures were tabulated to create a utilization summary record for each eligible. Data were weighted to correct for age cohort and geographic stratification in the original sampling procedure.

III. METHODOLOGY

It is the intent of this volume to provide an accessible reference which focuses on the relationship between Medicaid reimbursement and beneficiary utilization of medical services. This information source is not necessarily intended to provide specific answers to specific questions, but to offer a structured, integrated collection of available data on Medicaid beneficiary utilization and payments for both inpatient and ambulatory patient care.

The data in these tables have all been drawn from the following papers:

Number	Date	Author	Title
1403-02	Nov. 1983	K. Swartz	Why Are Frequent Users of Ambulatory Care Responsible for a Disproportionate Share of Medicaid Expenditures in California?
1403-03	Feb. 1984	C. Hamcke	Where Medicaid Eligibles Receive Ambulatory Care: A Methodology to Assign Predominant Source of Care
1403-04	Feb. 1984	C. Hamcke	Medicaid Claims Data as a Source of Hospital Diagnostic Information
1403-05	Feb. 1984	P. Held K. Swartz	Effect of Ambulatory Case Mix on Hospitalization Rates
1403-06	Oct. 1984	P. Held	Medicaid Physician Prices and Changes in Medical Care Use

The paper from which the data in a specific table are drawn is indicated in the upper right-hand margin of the table.

The data are presented in the following order:

IV.A. Predominant Source of Care
IV.B. Diagnostic Information
IV.C. Patient Cost Information

Predominant Source of Care (See Section IV.A)

The predominant source of ambulatory care (PSC) series was constructed to indicate the type of setting in which an individual Medicaid beneficiary typically receives ambulatory medical care. Five mutually exclusive groups were constructed, one for each possible location of the medical services rendered:

- Private Physician's Office
- Emergency Room
- Outpatient Department
- Clinic
- Nonuser of Ambulatory Care

Ambulatory physician visits were documented for a group of Medicaid eligibles over a designated 6-month period. The setting with the greatest number of visits by the individual during the given period was selected as the predominant source of care for that beneficiary.

Who are these users of ambulatory care and where are they located? Are there differences between those Medicaid beneficiaries seen in private practices and those treated in outpatient settings? In this first section, Figure 1 displays the method used in the PSC assignment. The tables show the distribution of Medicaid beneficiaries and patient visits among the various treatment locations.

Diagnostic Information (See Section IV.B)

Do physicians in private practice face the same mix of patients as do physicians in other institutions? Or is the patient mix in some ambulatory care settings, in fact, different from the mix in other settings? Are certain ambulatory care settings more willing to hospitalize patients then others? To what extent do physician discretion, interpretation, and judgment play a role in determining the course of patient treatment? This section contains the statistics to help answer such questions.

Some conditions permit a fair amount of latitude for physician discretion regarding the implementation of medical procedures, tests, and/or hospitalization; other conditions do not offer such flexibility. In order to analyze the effects of such differences, the discretion continuum was divided into one of six mutually exclusive categories. This continuum forms the unit of measurement for many of the tables in this section and is described in more detail in Table IV.B.6.

The section also compares diagnostic conditions for patients in the California sample to national diagnostic figures. Hospital discharge diagnoses are displayed by predominant source of care and by the degree of physician discretion associated with the patient condition.

Medicaid Reimbursements (See Section (IV.C)

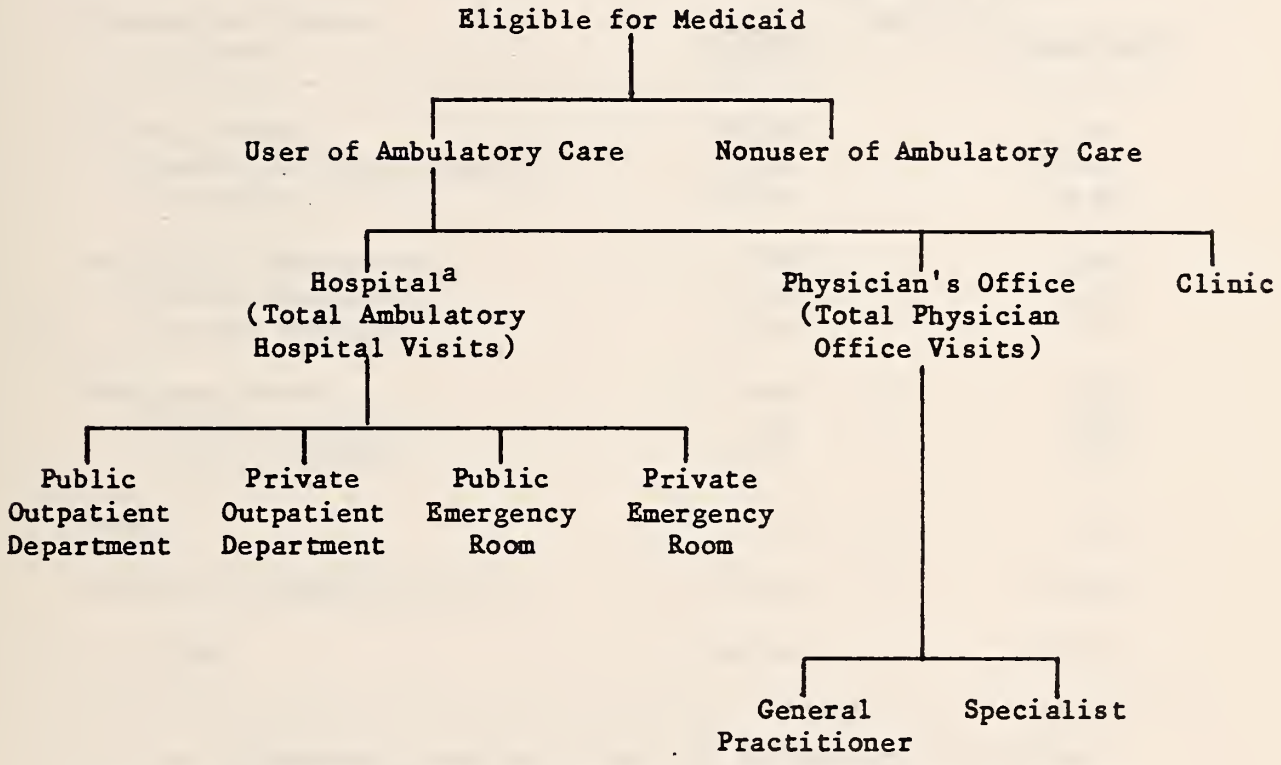
It is frequently asserted that the overall cost of medical care is influenced by where people receive their ambulatory care. The final set of tables displays the relationship between PSC and reimbursement costs. The tables reveal overall patterns of Medicaid expenditures per eligible per 6-month period for both inpatient and outpatient care across the various PSCs. Where increased hospitalization clearly caused greater per beneficiary program costs, differences are observed in both hospital admission rates and length of hospital stay. With inpatient costs accounting for nearly half of total Medicaid reimbursement payments for both private offices and outpatient departments (see A-3, A-4, and A-5), hospitalization becomes an important factor in understanding differences in total costs.

IV.A. PREDOMINANT SOURCE OF CARE

Source:
1403-03

Figure IV.A.1

Method Used in the Assignment of Predominant Source of Care



a. In California, the provider can file a claim under two types of procedure: the CRVS (California Relative Value Scale) code, or codes covered under California's Schedule of Maximum Allowances (SMA). During the period of this study, the former (CRVS) were generally used by both the hospital and physician when billing separately for a visit. The latter (SMA) charges were for use of a room and the charges only billed by the hospital. If both the hospital and the physician filed a claim for a visit, then the physician would bill under the CRVS and the hospital under the SMA. If only the hospital billed, then the hospital filed a claim under the CRVS codes and paid the physician. To eliminate the overcount when both the hospital and physician bill for a visit, total ambulatory hospital visits were aggregated from the CRVS claims only. Visits to a public and private hospital were counted using both the CRVS codes and SMA codes; the final count was the maximum of the two.

Source:
14Q3-03

Table IV.A.2

Comparison of the Distribution of Predominant Source of Care by Eligibility Status
1976-1978

Predominant Source of Care[a]	Eligibility Status (percent) AFDC[b]	Disabled[c]
Private Office	56.36	52.67
General & Family Practice	23.60	23.79
Specialist	32.76	28.88
Outpatient Department	7.94	9.06
Public Hospital	4.88	5.31
Private Hospital	3.06	3.75
Emergency Room	8.85	4.86
Public Hospital	1.48	1.63
Private Hospital	7.37	3.23
Clinic	3.57	1.77
Nonuser of Ambulatory Care	23.95	31.64
TOTAL	100.00	100.00

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient.

b. Based on a sample of 8,622 female AFDC eligibles who were not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Data are weighted to correct for age cohort and geographic stratification. Those aged 7 - 14 years old and those aged 65 or older are excluded. Los Angeles county and drug claims are excluded.

c. Based on a sample of 8,151 disabled eligibles. Those aged 65 years or older are excluded. Los Angeles County and drug claims are excluded.

Source:
1403-03

Table IV.A.3

Distribution of Predominant Source of Care,
California Female AFDC Medicaid Eligibles
1976-1978

Predominant Source of Care[a]	1976 (percent)	1978 (percent)	Change in Percentage Points 1976-1978
Private Office			
Total	58.01	57.41	-0.60
General & Family Practice	25.14	23.62	-1.52
Specialist	32.87	33.79	0.92
Outpatient Departments			
Total	6.96	8.35	1.39
Public Hospital	5.13	4.61	-0.52
Private Hospital	1.83	3.74	1.91
Emergency Room			
Total	9.11	8.22	-0.89
Public Hospital	1.67	1.13	-0.54
Private Hospital	7.44	7.09	-0.35
Clinic	2.46	3.57	1.11
Nonuser of Ambulatory Care	23.45	22.45	-1.0
TOTAL	100.00	100.00	

NOTE: Based on a sample of 8,622 female AFDC eligibles who were not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Data are weighted to correct for age cohort and geographic stratification. Those aged 7-14 years old and those aged 65 or older are excluded. Los Angeles county and drug claims are excluded.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient.

Source:
1403-03

Table IV.A.4

**Distribution of Predominant Source of Care,
California Disabled Medicaid Eligibles
1976-1978**

Predominant Source of Care[a]	1976	1978	Change in Percentage Points 1976-1978
	(percent)		
Private Office			
Total	50.18	54.43	4.25
General & Family Practice	24.77	23.07	-1.70
Specialist	25.41	31.36	5.95
Outpatient Department			
Total	9.81	8.55	-1.26
Public Hospital	6.52	4.26	-2.26
Private Hospital	3.29	4.29	1.00
Emergency Room			
Total	5.28	4.40	-0.88
Public Hospital	2.02	1.33	-0.69
Private Hospital	3.26	3.07	-0.19
Clinic	1.82	1.85	-0.03
Nonuser of Ambulatory Care	32.91	30.77	-2.14
TOTAL	100.00	100.00	--

NOTE: Based on a sample of 8,151 disabled eligibles. Those aged 65 years or older are excluded. Los Angeles and drug claims are excluded.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient.

Source:
1403-03

Table IV.A.5

Mean Number of Ambulatory Physician Visits by Predominant Source of Care, California AFDC Medicaid Eligibles January-June 1976 to 1978

Location of Visit	Predominant Source of Care[a]				
	Physician's Office	OPD	ER	Clinic	Total
Physician's Office	3.61	0.53	0.57	0.34	2.14
OPD	0.08	3.40	0.23	0.16	0.31
ER	0.26	0.54	1.67	0.19	0.34
Clinic	0.05	0.08	0.07	2.48	0.11
TOTAL	4.00	4.17	2.54	3.16	2.91
Ratio of PSC Visits to Total Visits (percent)	90.25	81.53	65.75	78.48	--

NOTE: Based on a sample of 8,622 AFDC Medicaid eligibles not eligible for prepaid care and Medicaid-eligible for six continuous months. Los Angeles County and drug claims are excluded. Six age cohorts are included. Those aged 7-14 years or 65 years or older are excluded. Data are weighted to correct for age cohort and geographic stratification.

a. Predominant source of care is defined as the location with the maximum number of ambulatory physician visits for a given patient. OPD is outpatient department. ER is emergency room.

Source:
1403-03

Table IV.A.6

Mean Number of Ambulatory Physician Visits
by Predominant Source of Care,
California Disabled Medicaid Eligibles
January-June, 1976 to 1978

Location of Visit	Predominant Source of Care[a]				
	Physician's Office	OPD	ER	Clinic	Total
Physician's Office	4.69	0.51	0.56	0.70	2.55
OPD	0.13	3.27	0.23	0.16	0.32
ER	0.20	0.58	1.85	0.29	0.22
Clinic	0.01	0.02	0.04	4.21	0.05
TOTAL	5.03	4.38	2.68	5.36	3.14
Ratio of PSC Visits to Total Visits (percent)	93.24	74.66	69.03	78.54	--

NOTE: Based on a sample of 8,151 disabled Medicaid eligibles. Los Angeles county and drug claims are excluded. Those aged 65 or older are excluded.

a. Predominant source of care is defined as the location with the maximum number of ambulatory physician visits for a given patient. OPD is outpatient department. ER is emergency room.

Table IV.A.7

Percent Distribution of Ambulatory Physician Visits by Predominant Source of Care,
California Disabled Medicaid Eligibles,
January-June, 1976 to 1978

Number of Visits for Each Setting	Predominant Source of Care[a]						
	Private Office		Public Hospital		Private Hospital		
	GP	Specialist	ER	OPD	ER	OPD	Clinic
0	0.0	0.0	13.53	5.54	8.75	10.78	0.0
1	21.50	21.07	45.86	21.48	57.03	25.82	25.00
2	17.07	17.25	21.05	16.63	18.25	18.63	16.67
3	12.58	14.23	11.28	15.24	5.32	9.80	11.81
4	9.18	10.75	3.76	10.39	4.94	8.50	10.42
5	10.26	8.58	0.75	6.93	3.04	8.17	13.19
6 or more	29.40	28.12	3.76	23.79	2.66	18.30	22.92
TOTAL	100.00	100.00	100.00	100.00	100.00	100.00	100.00
(Sample Size)	(1939)	(2354)	(133)	(433)	(263)	(306)	(144)

NOTE: Based on a sample of 8151 Disabled Medicaid eligibles. Data do not include eligibles aged 65 years or older. Los Angeles county and drug claims are excluded.

a. Predominant source of care is defined as the location with the maximum number of ambulatory physician visits for a given patient. GP is general practitioner. ER is emergency room. OPD is outpatient department.

Source:
1403-05

Table IV.A.8

Distribution of Predominant Source of Care by Age, Year and Geographic Location for Female AFDC Medicaid Eligibles California, 1976-1978

(Percent)

Location and Age	Year	Weight[b]	Predominant Source of Care[a]					
			Private Office	ER	OPD	Clinic	Nonuser of Ambulatory Care	Total
All	1976	100.0	58.0	9.4	6.9	2.5	23.5	100.0
	1978	100.0	57.4	8.2	8.3	3.6	22.5	100.0
Rural Counties[c]	1976	11.9	55.4	8.3	6.2	4.0	26.1	100.0
	1978	12.3	50.2	7.3	7.6	9.1	25.8	100.0
Age								
Less than 1	1976	3.7	71.5	8.4	9.8	2.1	8.2	100.0
	1978	2.4	72.0	6.3	10.8	3.1	7.8	100.0
1-6	1976	24.9	48.4	11.7	6.1	2.8	31.1	100.0
	1978	24.5	58.6	10.7	4.7	1.2	24.8	100.0
15-24	1976	30.7	58.7	10.4	6.3	2.6	22.1	100.0
	1978	30.0	53.4	7.8	10.1	3.9	24.8	100.0
25-34	1976	24.2	60.3	7.7	8.2	2.2	21.5	100.0
	1978	25.6	58.3	8.1	9.7	5.5	18.5	100.0
35-49	1976	13.8	66.0	5.8	6.4	2.0	19.8	100.0
	1978	14.4	59.4	6.3	7.9	3.4	23.1	100.0
50-64	1976	2.8	61.9	3.1	8.7	3.4	22.9	100.0
	1978	3.1	66.0	2.1	10.5	2.6	18.8	100.0
(Sample Size)			(5171)	(593)	(701)	(253)	(1904)	(8622)

NOTE: Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Six age cohorts are included. Those aged 7-14 years old and those aged 65 or older are excluded. Los Angeles county and drug claims are excluded. Data are weighted to correct for age cohort and geographic stratification. Eligibles who received care in a long-term setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred. ER is emergency room. OPD is outpatient department.

b. Weight is the percent of the total sample, by year, in that row.

c. "Rural" includes 33 counties with low population densities and few population centers.

Source:
1403-05

Table IV.A.9

Distribution of Predominant Source of Care by Age, Year and Geographic Location for Disabled Medicaid Eligibles California, 1976-1978

(Percent)

Location and Age	Year	Weight[b]	Predominant Source of Care[a]					
			Private Office	ER	OPD	Clinic	Nonuser of Ambulatory Care	Total[c]
All	1976	100.0	50.2	5.3	9.8	1.8	32.9	100.0
	1978	100.0	54.5	4.4	8.6	1.9	30.8	100.0
Rural Counties[d]	1976	13.8	54.9	4.2	7.1	3.7	30.0	100.0
	1978	13.3	58.5	5.3	6.9	2.0	27.3	100.0
Female Distribution	1976	53.2	57.1	4.3	10.5	2.0	26.2	100.0
Male Distribution	1978	46.0	43.1	6.6	9.3	1.7	39.4	100.0
Age								
Less than 1	1976	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1978	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1-6	1976	1.0	38.7	12.9	3.2	0.0	45.2	100.0
	1978	1.3	57.2	5.7	5.8	0.0	31.4	100.0
7-14	1976	2.9	41.4	4.6	8.1	1.2	44.8	100.0
	1978	2.7	57.5	2.7	2.7	2.7	34.3	100.0
15-24	1976	11.7	36.6	6.6	6.1	1.4	49.3	100.0
	1978	10.4	40.5	6.9	9.3	1.4	42.9	100.0
25-34	1976	15.5	40.6	7.2	9.3	2.0	40.9	100.0
	1978	16.4	43.0	6.2	3.5	2.9	41.2	100.0
35-49	1976	19.7	50.2	6.3	10.3	1.9	31.4	100.0
	1978	19.7	49.7	4.6	10.6	2.1	31.8	100.0
50-64	1976	49.1	57.2	3.9	11.0	1.9	26.2	100.0
	1978	49.5	62.8	2.1	8.7	1.5	24.1	100.0
(Sample Size)			(4290)	(396)	(739)	(144)	(2579)	(8151)

NOTE: Based on a sample of 8,151 disabled eligibles. Those aged 65 years or older are excluded. Los Angeles county and drug claims are excluded. Eligibles who received care in a long-term setting are included in these data; 0.8 percent were missing data on their sex.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred. ER is emergency room. OPD is outpatient department.

b. The percent of the total sample, by year, in that row.

c. Detail may not add to 100.00 due to rounding.

d. "Rural" includes 33 counties with low population densities and few population centers.

Table IV.A.10

Source: 1403-05

Distribution of Predominant Source of Care by Age, Year, Sex, and Location for California Disabled Medicaid Eligibles 1976-1978

(Percent)

Location, Age and Sex	Year	Weight[b]	Predominant Source of Care[a]								
			Private Office		Public Hospital		Private Hospital		Clinic	Nonuser of Ambulatory Care	Total
			GP	Specialist	ER	OPD	ER	OPD			
All	1976	100	24.8	25.4	2.0	6.5	3.3	3.3	1.8	32.9	100.0
	1978	100	23.1	31.4	1.3	4.3	3.1	4.3	1.9	30.8	100.0
Rural Counties[c]	1976	14	34.9	20.0	1.2	4.9	3.2	2.2	3.7	30.0	100.0
	1978	13	27.3	31.2	1.7	3.6	3.6	3.3	2.0	27.3	100.0
Female Distribution	1976	53	27.8	29.3	1.6	6.6	2.7	3.9	2.0	26.2	100.0
Male Distribution	1976	46	21.7	21.4	2.6	6.6	4.0	2.7	1.7	39.4	100.0
Age Distribution											
Less than 1	1976	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1978	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1-6	1976	1	9.7	29.0	3.2	3.2	9.7	0.0	0.0	45.2	100.0
	1978	1	8.6	48.6	0.0	2.9	5.7	2.9	0.0	31.4	100.0
7-14	1976	2.3	11.5	29.9	2.3	2.3	2.3	5.8	1.2	44.8	100.0
	1978	2.3	12.3	45.2	0.0	0.0	2.7	2.7	2.7	34.3	100.0
15-24	1976	12	16.3	20.3	1.2	3.2	5.4	2.9	1.4	49.3	100.0
	1978	10	12.8	27.7	2.3	3.6	4.6	5.7	1.4	42.9	100.0
25-34	1976	16	21.7	18.9	1.5	5.2	5.7	4.1	2.0	40.9	100.0
	1978	16	18.3	24.7	2.1	2.9	4.1	3.6	2.9	41.2	100.0
35-49	1976	20	23.4	26.8	2.2	6.5	4.1	3.8	1.9	31.4	100.0
	1978	20	20.9	28.8	0.8	5.1	3.8	5.5	2.1	31.8	100.0
50-64	1976	49	29.4	27.8	2.3	8.1	1.6	2.9	1.9	26.2	100.0
	1978	50	28.6	34.2	0.0	4.8	2.1	3.9	1.5	24.1	100.0
(Sample Size)			(1939)	(2354)	(133)	(433)	(263)	(306)	(144)	(2579)	(8151)

NOTE: Based on a sample of 8,151 disabled eligibles. Those aged 65 years or older are excluded. Los Angeles county and drug claims are excluded. Eligibles who received care in a long-term care setting are included in these data; 0.8% were missing data on their sex.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. ER is emergency room. OPD is outpatient department. GP is general practitioner.

b. The percent of the total sample, by year, in that row.

c. "Rural" includes 33 counties with low population densities and few population centers.

Source:
1403-05

Table IV.A.11

Distribution of Predominant Source of Care by Age, Year, and Geographic Location for California Female AFDC Medicaid Eligibles 1976-1978

(Percent)

Location and Age	Year	Weight[b]	Predominant Source of Care[a]								
			Private Office		Public Hospital		Private Hospital		Clinic	Nonuser of Ambulatory Care	Total
			GP	Specialist	ER	OPD	ER	OPD			
All	1976	100	25.1	32.9	1.7	5.1	7.4	1.8	2.5	23.5	100.0
	1978	100	23.6	33.8	1.1	4.6	7.1	3.7	3.6	22.5	100.0
Rural Counties[c]	1976	12	35.7	19.7	1.7	4.1	6.6	2.1	4.0	26.1	100.0
	1978	12	29.7	20.5	1.2	4.1	6.1	3.6	9.1	25.8	100.0
Age Distribution											
Less than 1	1976	4	16.8	54.7	2.0	7.5	6.4	2.3	2.1	8.2	100.0
	1978	2	14.4	57.6	1.2	6.5	5.1	4.3	3.1	7.8	100.0
1-6	1976	25	16.4	32.0	1.1	4.6	10.6	1.5	2.8	31.1	100.0
	1978	25	17.7	40.9	0.3	3.0	10.4	1.7	1.2	24.8	100.0
15-24	1976	31	25.4	33.3	2.0	4.5	8.4	1.8	2.6	22.1	100.0
	1978	30	21.5	31.9	1.4	6.2	6.4	3.9	3.9	24.8	100.0
25-34	1976	24	28.3	32.0	1.7	6.8	6.0	1.4	2.2	21.5	100.0
	1978	26	27.6	30.7	1.5	4.5	6.6	5.2	5.5	18.5	100.0
35-49	1976	14	34.3	31.7	2.0	3.7	3.8	2.7	2.0	19.8	100.0
	1978	14	30.8	28.6	1.4	3.7	4.9	4.2	3.4	23.1	100.0
50-64	1976	3	38.4	23.5	0.7	6.1	2.4	2.6	3.4	22.9	100.0
	1978	3	35.6	30.4	0.4	6.4	1.7	4.1	2.6	18.8	100.0
(Sample Size)			(2174)	(2997)	(102)	(467)	(491)	(234)	253	1,904	8,622

NOTE: Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Six age cohorts are included. Those aged 7-14 years old and those aged 65 or older are excluded. Los Angeles county and drug claims are excluded. Data are weighted to correct for age cohort and geographic stratification. Eligibles who received care in a long-term setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. ER is emergency room. OPD is outpatient department. GP is general practitioner.

b. Weight is the percent of the total sample, by year, in that row.

c. "Rural" includes 33 counties with low population densities and few population centers.

Table IV.A.12

Source: 1403-04

Hospitalization Data for a Sample of Medicaid Eligibles by Eligibility Status, Type of Service, and Predominant Source of Care California, 1976-1978

Eligibility Status	Type of Service	Predominant Source of Care[a]								
		Private Office		Public Hospital		Private Hospital		Clinic	Nonuser of Ambulatory Care	Total
		GP	Specialist	ER	OPD	ER	OPD			
AFDC[b] Female	Proportion hospitalized	0.10	0.14	0.24	0.20	0.13	0.18	0.07	0.04	0.11
	Average length of stay	4.61	5.17	2.07	5.16	5.59	3.52	6.34	3.46	4.80
	Mean expenditures for inpatient care for those hospitalized	$1,257.32	$1,504.75	$500.69	$1,583.37	$1,624.64	$1,302.77	$2,226.44	$947.22	$1,393.59
	Mean expenditures/day for short-term inpatient care for those hospitalized	$269.23	$290.51	$242.23	$306.58	$290.61	$369.90	$351.22	$274.22	$290.50
	Sample Size	(2,174)	(2,997)	(102)	(467)	(491)	(234)	(253)	(1,904)	(8,622)
AFDC Females (without[c] delivery)	Proportion hospitalized	0.08	0.10	0.22	0.12	0.11	0.08	0.04	0.01	0.08
	Average length of stay	4.94	5.65	1.68	4.51	5.84	3.84	3.85	7.51	4.83
	Mean expenditures for short-term inpatient care for those hospitalized	$1,340.22	$1,632.34	$393.99	$1,109.39	$1,720.55	$1,256.21	$2,666.36	$1,202.81	$1,459.34
	Mean expenditures/day for short-term inpatient care for those hospitalized	$271.29	$289.13	$234.88	$246.24	$294.52	$326.56	$355.17	$249.19	$282.67
	Sample Size	(2,151)	(2,932)	(101)	(444)	(479)	(2230	(244)	(1,869)	(8,443)
Disabled[d]	Proportion hospitalized	0.11	0.20	0.29	0.19	0.31	0.22	0.12	0.05	0.13
	Average length of stay	8.04	10.60	13.00	9.78	7.69	14.95	10.85	13.25	10.35
	Mean expenditures for short-term inpatient care for those hospitalized	$1,480.21	$1,729.54	$2,124.49	$1,698.60	$986.70	$2,993.83	$2,385.16	$1,951.77	$1,726.77
	Mean expenditures/day for short-term inpatient care for those hospitalized	$184.22	$163.10	$163.42	$173.62	$128.38	$200.22	$219.83	$147.33	$166.89
	Sample Size	(1,939)	(2,354)	(133)	(433)	(263)	(306)	(144)	(2,578)	(8,151)

[a]Predominant source of care is defined as the setting where the maximum number of physican ambulatory visits occurred. OPD ie outpatient department. ER is emergency room. GP is general practitioner.

[b]Based on a sample of 8,622 female AFDC Medicaid eligibles not eligible for prepaid care and eligible for 6 continuous months. Those aged 7-14 or 65 or older are excluded. Los Angeles county and drug claims are excluded. Data are weighted to correct for age cohort and geographic stratification. Those eligibles receiving long-term care are excluded from these data.

[c]Excludes women who had a delivery in the six-month period of January-June of the study year.

[d]Based on a sample of 8,151 male and female disabled Medicaid eligibles. Those aged 65 or older are excluded. Los Angeles and drug claims are excluded. Those beneficiaries receiving long-term care are included in these data.

Source:
1403-03

Table IV.A.13

Percent Distribution of Visits by Predominant Source of Care, California Female AFDC Medicaid Eligibles, January-June, 1976 to 1978

Number of Visits for Each Setting of PSC	Predominant Source of Care[a]						
	Private Office		Public Hospital		Private Hospital		
	GP	Specialist	ER	OPD	ER	OPD	Clinic
0	0.00	0.00	0.14	0.31	1.79	1.58	0.00
1	28.03	26.75	70.43	29.98	66.72	40.55	35.86
2	24.14	21.46	21.98	25.89	19.19	11.26	30.55
3	15.40	19.94	4.50	14.40	8.06	18.41	16.66
4	10.30	9.69	0.88	8.29	2.40	5.95	4.25
5	7.09	6.91	0.00	9.56	0.94	6.53	4.19
6 or more	15.03	15.24	2.06	11.56	0.90	15.72	8.50
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
(Unweighted sample size)	(2174)	(2997)	(102)	(467)	(491)	(234)	(253)

NOTE: Based on a sample of 8,622 female AFDC eligibles who were not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Data are weighted to correct for age cohort and geographic stratification. Six age cohorts are included. Those aged 7-14 years old and those aged 65 or older are excluded. Los Angeles county and drug claims are excluded.

a. Predominant source of care is defined as the location with the maximum number of ambulatory physician visits for a given patient. GP is general practitioner. ER is emergency room. OPD is outpatient department.

IV.B. DIAGNOSTIC INFORMATION

Source:
1403-04

Table IV.B.1

Comparison of Diagnostic Data of a California Female AFDC Medicaid Sample and a Nationwide Female Sample 1976

(Percent of Total Cases)

Disease Grouping					
Rank	National Health Survey[a] (females only)	Percent	Rank	California AFDC[b] (females only)	Percent
1.	Pregnancy/childbirth	19.78	1.	Pregnancy/childbirth	37.87
2.	Genitourinary System	11.69	2.	Genitourinary System	14.78
3.	Circulatory System	11.21	3.	Respiratory System	13.72
4.	Digestive System	10.75	4.	Digestive System	8.36
5.	Respiratory System	8.48	5.	Accidents	6.48
6.	Accidents	7.88	6.	Mental Disease	5.76
7.	Neoplasms	7.49	7.	Neoplasms	3.12
8.	Musculoskeletal	5.03	8.	Circulatory System	2.30
9.	Nervous System	4.00	9.	Infective parasitic disease	1.60
10	Mental Diseases	3.77	10.	Nervous System	1.25
11.	Endocrene/Nutrition	2.80	11.	Muskuloskeletal	1.24
12.	Infective parasitic diseases	2.26	12.	Endocrine System	1.15
13.	Symptoms	1.70	13.	Congenital anomalies	0.82
14.	Skin Diseases	1.44	14.	Symptoms	0.69
15.	Diseases of blood	0.85	15.	Skin Diseases	0.68
16.	Congenital anomalies	0.81	16.	Perinatal morbidity	0.16
17.	Perinatal morbidity	0.04	17.	Other	0.02
18.	Other	0.02	18.	Diseases of blood	0.00
	Total	100.00			100.00

[a]Based on discharge diagnoses from nonfederal short stay hospitals from the National Health Survey. Utilization of Short Stay Hospitals: Annual Summary for the United States, 1976, NCHS, USDHEW, Pub. No. (PHS) 78-1788.

[b]Based on a sample of 8,622 female AFDC beneficiaries of which 11% were hospitalized. Beneficiaries were not eligible for prepaid care but had to be Medicaid-eligible for 6 continuous months. Los Angeles County and drug claims are excluded. Those eligibles aged 7-14 or 65 or older are excluded. Data are weighted to correct for age cohort and geographic stratification.

Source:
1403-02

Table IV.B.2

Rate of First-Listed Diagnoses for Inpatients Discharged From Short-Stay Hospitals, Excludes Newborn Infants; Rates Per 10,000 Females in U.S. (1979), AFDC Females Who Are Infrequent and Frequent Users of Ambulatory Care in California, (1976-78)

	U.S. Females[a,b]	AFDC Infrequent Users	AFDC Frequent Users
All Conditions	1,973.2	478.47	1,406.02
Infectious and Parasitic Disease	28.6	11.87	53.67
Neoplasms	126.0	22.11	83.91
Endocrine, Nutritional and Metabolic Problems	61.0	0.66	35.61
Diseases of Blood, etc.	17.3	3.22	1.11
Mental Disorders	74.9	21.72	69.04
Diseases of Nervous System, etc.	81.7	5.82	45.04
Diseases of Circulatory System	218.1	6.35	43.06
Diseases of Respiratory System	145.9	94.67	176.55
Diseases of Digestive System	215.7	25.28	105.97
Diseases of Genitourinary System	221.3	65.15	341.43
Complications of Pregnancy, etc.[c]	88.5	58.62	114.36
Diseases of Skin, etc.	28.3	4.75	11.72
Diseases of Musculoskeletal, etc.	105.7	15.38	15.83
Congenital Anomalies	14.8	4.09	9.44
Perinatal Origin Conditions	2.8	0.58	2.78
Symptoms, Signs, Ill-defined	31.2	15.28	30.69
Accidents, Poisonings, and Injuries Due to Violence	141.3	89.12	208.33
Supplementary Classifications[c]	370.3	33.82	57.45

[a]This includes females over 65, whereas the AFDC groups do not.

[b]From National Center for Health Statistics (1982, Table A).

[c]Deliveries are not included in supplementary classification.

Source:
1403-02

Table IV.B.3

Distribution of Hospital Discharge Major Diagnostic Categories by Predominant Source of Care of Frequent Users Who Were Hospitalized (Column Percent Above Row Percent for Each Cell)

Diagnostic Category	Predominant Source of Care: Emergency Room	Outpatient Department	Physician's Office	Clinic	No Clear Source	Row Percent (Frequency)
Uncategorized	0.00 0.00	0.00 0.00	4.76 83.71	0.00 0.00	3.31 16.29	4.09 (1,081)
Infective and Parasitic Diseases	0.00 0.00	2.03 2.74	2.57 51.00	96.51 42.24	0.73 4.03	3.62 (957)
Neoplasms	0.00 0.00	3.98 3.79	5.37 75.53	0.00 0.00	5.27 20.69	5.12 (1,353)
Endocrine, Nutritional and Metabolic Diseases	0.00 0.00	0.00 0.00	3.58 97.52	0.00 0.00	0.33 2.48	2.64 (699)
Diseases of the Blood and Blood-Forming Organs	0.00 0.00	0.00 0.00	0.52 100.00	0.00 0.00	0.00 0.00	0.37 (99)
Mental Disorders	0.00 0.00	2.35 4.34	2.44 66.40	0.00 0.00	3.84 29.26	2.64 (698)
Diseases of the Nervous System and Sense Organs	0.00 0.00	22.64 37.16	2.30 55.55	0.00 0.00	1.08 7.29	2.97 (786)
Diseases of the Circulatory System	0.00 0.00	1.22 1.49	3.93 70.61	3.49 1.38	5.28 26.52	4.00 (1,058)
Diseases of the Respiratory System	41.87 4.56	22.33 7.65	13.32 67.27	0.00 0.00	14.54 20.52	14.23 (3,764)
Diseases of the Digestive System	10.30 1.87	9.49 5.43	5.97 50.31	0.00 0.00	18.01 42.40	8.53 (2,256)
Diseases of the Genitourinary System	21.65 1.39	5.67 1.15	27.15 80.98	0.00 0.00	19.78 16.48	24.11 (6,375)
Complications of Pregnancy, Childbirth and the Puerperium	0.00 0.00	18.76 11.24	6.92 61.20	0.00 0.00	11.16 27.55	8.13 (2,151)
Diseases of Skin and Subcutaneous Tissue	0.00 0.00	6.51 46.23	0.44 46.26	0.00 0.00	0.26 7.50	0.69 (182)
Diseases of the Musculo-skeletal System and Connective Tissue	0.00 0.00	0.00 0.00	1.01 91.29	0.00 0.00	0.34 8.71	0.79 (210)
Congenital Anomalies	0.00 0.00	0.00 0.00	0.51 50.89	0.00 0.00	1.76 49.11	0.72 (190)
Certain Causes of Perinatal Morbidity and Mortality	0.00 0.00	1.02 34.18	0.07 33.90	0.00 0.00	0.23 31.92	0.15 (38)
Symptoms and Ill-defined Conditions	0.00 0.00	0.00 0.00	3.13 97.84	0.00 0.00	0.25 2.16	2.30 (608)
Accidents, Poisonings and Injuries due to Violence	26.19 2.72	4.00 1.31	16.03 77.35	0.00 0.00	13.82 18.62	14.90 (3,941)
Column Percent (Frequency)	1.55 (410)	4.88 (1,289)	71.91 (19,017)	1.58 (419)	20.08 (5,310)	100.00 26,445

Source:
1403-02

Table IV.B.4

Primary First Hospitalization Episode Diagnoses For Each Age Cohort of Frequent Users of Ambulatory Care Who were Hospitalized

Age Cohort	Primary Diagnosis
Less Than 1 Year	46% had respiratory system diseases
	19% had infective or parasitic diseases
1-6 Years	35% had accidents, poisonings or injuries due to violence
	31% had respiratory system diseases
	13% had infective or parasitic diseases
15-24 Years	33% had genitourinary system diseases
	20% had complications of pregnancy, childbirth and the puerperium
	18% had respiratory system diseases
	16% had accidents, poisonings or injuries due to violence
25-34 Years	30% had genitourinary system diseases
	12% had digestive system diseases
	10% had neoplasms
	10% had sterilizations, post-operative hospitalizations, etc. (Y class)
35-49 Years	22% had accidents, poisonings or injuries due to violence
	19% had genitourinary system diseases
	13% had digestive system diseases
	10% had circulatory system diseases
50-64 Years	18% had digestive system diseases
	17% had genitourinary system diseases
	12% had neoplasms
	10% had circulatory system diseases

Source: 1403-04

Table IV.B.5

Distribution of Fifteen Most Frequent Hospital Diagnoses by Predominant Source of Care for Female AFDC Medicaid Eligibles California, 1976-1978

Physician's Office		Outpatient Department	
Diagnosis[a]	Percent	Diagnosis[a]	Percent
Normal Delivery	13.4	Normal Delivery	17.9
Pneumonia	4.0	Pneumonia	4.7
Sterilization/healthy donor	3.8	Delivery with other complications	4.7
Acute bronchitis	3.3	Hypertrophy of tonsils/adenoids	2.5
Disorders of menstruation	3.1	Diarrheal disease	2.2
Diarrheal disease	2.2	Cholelithiasis	2.2
Hypertrophy of tonsils/adenoids	2.0	Cholecystitus	2.2
Delivery with other complications	1.9	Other complication of pregnancy	1.8
Disease of parametrium/pelvic peritoneum	1.9	Sterilization/healthy donor	1.4
		Bronchitis unqualified	1.4
Other disease of female genital	1.7	Other disease of urinary tract	1.4
Bronchitis unqualified	1.5	Neurosis	1.1[b]
Uterovaginal prolapse	1.4	Benign hypertension	1.1
Cholecystitus	1.2	Vertebrogenic pain syndrome	1.1
Diabetes Mellitus	1.1[b]	Symptoms referrable to abdomen/ lower GI	1.1
Other complication of pregnancy	1.1		
Cumulative Percent	43.6	Cumulative Percent	45.4

Emergency Room		Clinic	
Diagnosis[a]	Percent	Diagnosis[a]	Percent
Normal delivery	18.0	Normal delivery	41.9
Pneumonia	13.0	Single born - classification of infant	9.7
Other complication of pregnancy	6.2		
Bronchitis unqualified	3.1	Delivery with other complications	6.5
Delivery with other complications	3.1	Diarrheal disease	3.2[b]
Concussion	2.5	Infectious hepatitus	3.2
Adverse effect of other drugs	2.5	Gonoccal infections	3.2
Sterilization/healthy donor	2.5	Pediculus	3.2
Cholecystitus	1.9	Benign neoplasm of bone/cartilage	3.2
Symptoms referrable to abdomen/ lower GI	1.9	Neuroses	3.2
		Phlebitis/thrombophlebitis	3.2
Acute bronchitis	1.9	Other disease of cervix	3.2
Other viral diseases	1.2[b]	Uterovaginal prolapse	3.2
Benign neoplasm of ovary	1.2	Disorders of menstruation	3.2
Neuroses	1.2	Abortion for medical reasons	3.2
Sprains of the back	1.2	Dislocation of knee	3.2
		Burn	3.2
Cumulative Percent	60.2	Cumulative Percent	100.0

Note: Based on over 2,000 hospitalizations from a sample of approximately 22,000 female AFDC Medicaid eligibles not eligible for other prepaid care and eligible for 6 continuous months. Those 7-14 or 65 or older are excluded. Los Angeles and drug claims are excluded. Data do not correct for age cohort and geographic stratification. Predominant source of care is defined as the setting where the maximum number of physician ambulatory visits occurred for a given patient.

[a]Diagnostic codes are those of the International Classification of Diseases, adapted, Edition 8.

[b]Once the frequencies reach a certain level their distribution becomes flat with frequencies of only 1 or 2 per diagnosis. The last entries in the column, therefore, are examples of the many diagnoses with the same (small) frequency.

Source:
1403-04

Table IV.B.6

Categorization of Physician Discretion Based on Hospital Discharge Diagnosis

Category	Examples[a]
A. No discretion of whether to hospitalize and when, but also no indication of general health status	Normal delivery Most malignant neoplasms Meningitis
B. No discretion of whether to hospitalize or when, but correlated with poor health status	Cerebral hemorrhage Acute myocardial infarction Aortic aneurysm
C. Delayable hospitalization with quality of life choice/discretion of physician required	Hernia Cataract Hypertrophy of tonsils
D. Cannot judge based on data available on medical claims	Other bacterial diseases Other disease of thyroid gland
E. Usually involves discretion of physician as to how to treat	Diabetes mellitus Drug dependencies Acute bronchitis
F. Discretion of physician required; however, normally not hospitalized	Mumps Chickenpox Acute tonsillitis

[a]Disease descriptions from diagnosis codes in ICA8.

[b]A complete list of the ICDA8 codes by hospitalization category is available through Philip Held at The Urban Institute.

Source:
1403-04

Table IV.B.7

Distribution of Hospital Discharge Diagnosis Groupings for California AFDC and Disabled Medicaid Eligibles 1976-1978

(percent)

Diagnosis Group	Eligibility Status		
	AFDC Females[a]		Disabled[c]
	All	Without Pregnancy[b]	
A. No discretion but also no indication of health status	39.10	15.60	20.51
B. No discretion but also correlated with poor health status	0.29	0.42	2.86
C. Delayable - Quality of life choice	10.04	14.63	7.31
D. Don't know; not enough information	20.22	25.23	27.83
E. Physician discretion about whether and how to treat	24.16	35.08	30.73
F. Usually not hospitalized	6.20	9.04	10.66
Total[d]	100.01	100.00	99.90

Note: Los Angeles and drug claims are excluded.

[a]Data based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and eligible for 6 continuous months. Those aged 7-14 years and those aged 65 years or older are excluded. Data are weighted to correct for age cohort and geographic stratification.

[b]Subgroup of the sample which excludes women who had a delivery in the six-month period of January through June in the study year.

[c]Data based on a sample of 8,151 male and female disabled eligibles; those aged 65 or older are excluded.

[d]May not add to 100 because of rounding.

Table IV.B.8

Distribution of Hospital Diagnoses By Degree of Discretion
Source of Care, and Eligibility Status,
California, 1976-1978

Diagnosis Group	Eligibility Status	Predominant Source of Care[c] Private Office	OPD	(Private Office less OPD)
A, B. Definite Hospitalization; No Choice of Timing	AFDC Female[a]	34.4%	56.4%	-22.0%
	Disabled[b]	19.0	23.7	-4.7
C. Definite Hospitalization; Quality of Life Choice; Generally Non-Urgent	AFDC Female	11.5	3.8	7.7
	Disabled	8.0	4.3	3.7
D. Don't Know; Not Enough Information	AFDC Female	19.9	12.7	7.2
	Disabled	28.5	26.8	1.7
E. Treatment Modality and Hospitalization Open to Choice and Judgment	AFDC Female	25.8	23.8	2.0
	Disabled	34.2	29.5	4.7
F. Usually Not Hospitalized	AFDC Female	8.1	3.3	4.8
	Disabled	10.3	15.8	-5.5
Total	AFDC Female	100.0	100.0	0
	Disabled	100.0	100.0	0

a. Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and Medicaid-eligible for six continuous months. Los Angeles county and drug claims are excluded. Those aged 7-14 and 65 or older are excluded. Data are weighted to reflect age cohort and geographic stratification. Eligibles who received care in a long-term care setting are excluded from these data.

b. Based on a sample of 8,151 disabled eligibles. Los Angeles county and drug claims are excluded. Those aged 65 or older are excluded. Eligibles who received care in a long-term care setting are not included in these data.

c. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. OPD is outpatient department.

Source:
1403-05

Table IV.B.9

**Distribution of Hospital Diagnosis Groupings by Predominant Source of Care
California Female AFDC Medicaid Recipients
1976-1978**

Percent

Diagnosis Group	Predominant Source of Care[a]				
	Private Office	ER	OPD	Clinic	Total[b]
A. No discretion but also no indication of health status	34.18 (17.51)[c]	20.42 (12.46)	56.38 (13.95)	46.77 (4.15)	39.10 (15.60)
B. No discretion but also correlated with poor health	0.21 (0.29)	0.00 (0.00)	0.00 (0.00)	7.25 (13.05)	0.29 (0.42)
C. Delayable--quality of life choice	11.48 (15.44)	11.35 (13.79)	3.82 (8.03)	0.00 (0.00)	10.04 (14.63)
D. Don't know; not enough information	19.87 (22.94)	31.94 (30.85)	12.71 (22.24)	9.18 (16.56)	20.22 (25.23)
E. Physician discretion about whether and how to treat	25.80 (33.38)	30.56 (37.00)	23.78 (48.81)	36.81 (66.28)	24.16 (35.08)
F. Usually not hospitalized	8.05 (10.42)	4.86 (5.90)	3.30 (6.97)	0.00 (0.00)	6.20 (9.04)
Total	100.00 (100.00)	100.00 (100.00)	100.00 (100.00)	100.00 (100.00)	100.00 (100.00)
Unweighted sample size	559 (471)	64 (51)	101 (67)	19 (10)	805 (626)

NOTE: Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Those aged 7-14 years old and those aged 65 or older are excluded. Los Angeles county and drug claims are excluded. Data are weighted to correct for age cohort and geographic stratification. Eligibles who received care in a long-term care setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. ER is emergency room. OPD is outpatient department.

b. Nonusers of ambulatory care are included.

c. Numbers in parentheses are for the subsample which excluded women who had a delivery during the six month period of January through June.

Source:
1403-05

Table IV.B.10

Distribution of Hospital Diagnosis Groupings by Predominant Source of Care
California Disabled Medicaid Recipients
1976-1978

Percent

Diagnosis Group	Predominant Source of Care[a]				
	Private Office	ER	OPD	Clinic	Total[b]
A. No discretion but also no indication of health status	15.89	30.59	22.44	21.05	20.51
B. No discretion but also correlated with poor health	3.15	0.00	1.21	5.26	2.36
C. Delayable--quality of life choice	7.98	1.95	4.28	15.79	6.81
D. Don't know; not enough information	28.46	21.50	26.80	10.53	27.13
E. Physician discretion about whether and how to treat	34.19	35.56	29.53	36.84	33.03
F. Usually not hospitalized	10.31	10.33	15.75	10.53	10.16
Total	100.00	100.00	100.00	100.00	100.00
(Sample Size)	(711)	(100)	(164)	(9)	(1102)

NOTE: Based on a sample of 8,151 disabled eligibles. Los Angeles county and drug claims are excluded. Those aged 65 or older are excluded. Eligibles who received care in a long-term care setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. ER is emergency room. OPD is outpatient department.

b. Nonusers of ambulatory care are included..

Source:
1403-05

Table IV.B.11

Distribution of Hospital Diagnoses Groupings by Predominant Source of Care, California Female AFDC Medicaid Recipient 1976-1978

Percent

Diagnosis Group	Predominant Source of Care[a]							
	Private Office		Public		Private		Clinic	Total[b]
	GP	Specialist	ER	OPD	ER	OPD		
A. No discretion but also no indication of health status	28.84 (18.08)[c]	38.03 (17.10)	5.11 (5.61)	47.82 (5.81)	24.55 (13.91)	70.03 (30.16)	46.77 (4.15)	39.10 (15.60)
B. No discretion but also correlated with poor health	0.00 (0.00)	0.36 (0.51)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	7.25 (13.05)	0.29 (0.42)
C. Delayable - quality of life choice	8.90 (10.39)	13.33 (19.14)	0.00 (0.00)	3.44 (6.72)	13.63 (16.70)	4.45 (10.63)	0.00 (0.00)	10.04 (14.63)
D. Don't Know; not enough information	18.18 (21.22)	21.09 (24.21)	83.58 (81.97)	15.85 (25.05)	21.57 (20.07)	7.71 (16.64)	9.18 (16.56)	20.22 (25.23)
E. Physician discretion about whether and how to treat	32.95 (38.47)	20.65 (29.65)	11.31 (12.42)	28.02 (52.90)	34.42 (42.18)	17.02 (40.68)	36.81 (66.28)	24.16 (35.08)
F. Usually not hospitalized	10.14 (11.83)	6.54 (9.39)	0.00 (0.00)	4.87 (9.52)	5.83 (7.14)	0.79 (1.89)	0.00 (0.00)	6.20 (9.04)
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Sample Size	190 (167)	369 (304)	10 (9)	68 (57)	54 (42)	33 (22)	19 (10)	805 (626)

NOTE: Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and eligible for 6 continuous months. Los Angeles county and drug claims are excluded. Six age cohorts are included. Those aged 7-14 or 65 or older are excluded. Data are weighted to correct for age cohort and geographic stratification. Eligibles who received care in a long-term care setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. GP is general practitioner. ER is emergency room. OPD is outpatient department.

b. Nonusers are included.

c. Numbers in parentheses are for a subsample which excludes women who had a delivery during the six month period of January through June.

Source:
1403-05

Table IV.B.12

Distribution of Hospital Diagnoses Groupings by Predominant Source of Care, California Disabled Medicaid Recipients 1976-1978

Percent

Diagnosis Group	Predominant Source of Care[a]							
	Private Office		Public		Private		Clinic	Total[b]
	GP	Specialist	ER	OPD	ER	OPD		
A. No discretion but also no indication of health status	15.89	15.89	21.05	20.88	35.40	24.66	21.05	20.51
B. No discretion but also correlated with poor health	3.49	2.87	0.00	1.10	0.00	1.37	5.26	2.36
C. Delayable - quality of life choice	7.75	8.17	2.63	4.40	1.61	4.11	15.79	6.81
D. Don't Know; not enough information	27.13	29.58	28.95	26.37	17.74	27.40	10.53	27.13
E. Physician discretion about whether and how to treat	32.56	35.54	42.11	32.97	32.26	24.66	36.84	33.03
F. Usually not hospitalized	13.18	7.95	5.26	14.29	12.90	17.81	10.53	10.16
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
(Sample Size)	(258)	(453)	(38)	(91)	(62)	(73)	(9)	(1102)

NOTE: Based on a sample of 8,151 disabled eligibles. Los Angeles county and drug claims are excluded. Those aged 65 or older are excluded. Eligibles who received care in a long-term care setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. GP is general practitioner. ER is emergency room. OPD is outpatient department.

b. Nonusers are included.

Table IV.B.13

Source: 1403-04

Distribution of Hospital Diagnoses Groupings by Predominant Source of Care, California Female AFDC Medicaid Recipients California, 1976-1978[a]

Percent

Diagnosis Group	Predominant Source of Care[c]							
	Private Office		Public		Private			
	GP	Specialist	ER	OPD	ER	OPD	Clinic	Total[d]
A. No discretion but also no indication of health status	28.84 (18.08)[b]	38.03 (17.10)	5.11 (5.61)	47.82 (5.81)	24.55 (13.91)	70.03 (30.16)	46.77 (4.15)	39.10 (15.60)
B. No discretion but also correlated with poor health	0.00 (0.00)	0.36 (0.51)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	7.25 (13.05)	0.29 (0.42)
C. Delayable - quality of life choice	8.90 (10.39)	13.33 (19.14)	0.00 (0.00)	3.44 (6.72)	13.63 (16.70)	4.45 (10.63)	0.00 (0.00)	10.04 (14.63)
D. Don't know; not enough information	18.18 (21.22)	21.09 (24.21)	83.58 (81.97)	15.85 (25.05)	21.57 (20.07)	7.71 (16.64)	9.18 (16.56)	20.22 (25.23)
E. Physician discretion about whether and how to treat	32.95 (38.47)	20.65 (29.65)	11.31 (12.42)	28.02 (52.90)	34.42 (42.18)	17.02 (40.68)	36.81 66.28	24.16 (35.08)
F. Usually not hospitalized	10.14 (11.83)	6.54 (9.39)	0.00 (0.00)	4.87 (9.52)	5.83 (7.14)	0.79 (1.89)	0.00 (0.00)	6.20 (9.04)
Total	100	100	100	100	100	100	100	100
Sample size	190 (167)	369 (304)	10 (9)	68 (57)	54 (42)	33 (22)	19 (10)	805 (626)

[a]Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and eligible for 6 continuous months. Los Angeles county and drug claims are excluded. Those aged 7-14 or 65 or older are excluded. Data are weighted to correct for age cohort and geographic stratification. Eligibles who received care in a long-term care setting are not included in these data.

[b]Numbers in parentheses are for a subsample of (a) which excludes women who had a delivery during the six month period of January through June.

[c]Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred. GP is general practitioner. ER is emergency room. OPD is outpatient department.

Source:
1403-04

Table IV.B.14

Distribution of Hospital Diagnoses Groupings by
Predominant Source of Care, California Disabled Medicaid Recipients
California, 1976-1978[a]

(Percent)

Diagnosis Group	Predominant Source of Care[b]							
	Private Office		Public		Private			
	GP	Specialist	ER	OPD	ER	OPD	Clinic	Total[c]
A. No discretion but also no indication of health status	15.89	15.89	21.05	20.88	35.40	24.66	21.05	20.51
B. No discretion but also correlated with poor health	3.49	2.87	0.00	1.10	0.00	1.37	5.26	2.36
C. Delayable - quality of life choice	7.75	8.17	2.63	4.40	1.61	4.11	15.79	6.81
D. Don't know; not enough information	27.13	29.58	28.95	26.37	17.74	27.40	10.53	27.13
E. Physician discretion about whether and how to treat	32.56	35.54	42.11	32.97	32.26	24.66	36.84	33.03
F. Usually not hospitalized	13.18	7.95	5.26	14.29	12.90	17.81	10.53	10.16
Total	100	100	100	100	100	100	100	100
Sample Size	258	453	38	91	62	73	9	1,102

[a]Based on a sample of 8,151 disabled eligibles. Los Angeles and drug claims are excluded. Those aged 65 or older are excluded. Eligibles who received care in a long-term care setting are included in these data.

[b]Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred. GP is general practitioner. ER is emergency room. OPD is outpatient department.

[c]Nonusers of ambulatory care are included.

Source:
1403-02

Table IV.B.15

Hospitalization Rate and Distribution of Hospitalized Females With One, Two, or Three Episodes for Each Age Cohort of Frequent Users of Ambulatory Care

Age Cohort	Hospitalization Rate[a] (percent)	Of Those Hospitalized, Percent With:			Share of All Frequent Users Hospitalized (percent)
		One Episode	Two Episodes	Three Episodes	
Less Than 1 Year	10.5	76.0	16.0	8.0	4.5
1-6 Years	10.0	58.0	14.0	28.0	12.1
15-24 Years	15.9	91.0	3.5	5.5	30.9
25-34 Years	16.3	82.0	9.5	8.5	32.5
35-49 Years	13.4	81.0	12.0	6.5	16.2
50-64 Years	13.6	70.0	21.0	9.0	3.8
All Frequent Users	14.1	81.0	9.5	9.5	100.0

[a]Excludes pregnancies.

Source: 1403-02

Table IV.B.16

Distribution of Hospitalized Females With One, Two or Three Episodes by Predominant Source of Care for Frequent Users of Ambulatory Care, and by Number of Ambulatory Visits for Infrequent Users of Ambulatory Care

Frequent Users: Predominant Source of Care	Of Those Hospitalized, Percents With: One Episode	Two Episodes	Three Episodes	Share of All Frequent Users Hospitalized[a]
Emergency Room	63.0	20.0	17.0	1.5
Outpatient Department	69.5	23.5	7.0	4.9
Physician's Office	82.0	8.5	9.5	71.9
Clinic	100.0	0.0	0.0	1.6
No Clear Source	79.5	9.5	11.0	20.1
All Frequent Users	81.0	9.5	9.5	100.0

Infrequent Users: Number of Ambulatory Visits	Of Those Hospitalized, Percents With: One Episode	Two Episodes	Three Episodes	Share of All Infrequent Users Hospitalized
0 Visits	91.1	8.3	0.7	9.3
1 Visit	98.2	1.8	0.0	23.0
2 Visits	93.5	6.1	0.4	31.9
3 Visits	84.6	12.1	3.3	35.8
All Infrequent Users	91.2	7.5	1.4	100.0

[a]This distribution is statistically indistinguishable from the distribution of frequent users' total bed days in short-term hospitals.

IV.C. PATIENT COST INFORMATION

Source:
1403-02

Table IV.C.1

Hospital Care for Frequent Users of Ambulatory Care, During Six Months, by Predominant Source of Care

Predominant Source of Care	Hospitalization Rate (percent)	Average Cumulative Length of Stay in Hospital (days)	Average Expenditures for People Hospitalized (dollars)	Average Expenditures Per Inpatient Day (dollars)	Average Total Expenditures (dollars)
All Frequent Users	14.1%	6.5	1,918	305	517
Emergency Room	8.5%	8.2	1,547	187	298
Outpatient Department	10.8%	7.1	1,534	237	348
Physician's Office	13.3%	6.5	1,939	305	504
Clinic	9.8%	4.4	1,508	359	290
No Clear Source	22.0%	6.2	1,981	325	762

Source:
1403-02

Table IV.C.2

Ambulatory Care for Frequent Users, During Six Months, by Predominant source of Care

Predominant Source of Care	Average Total Expenditures (dollars)	Average Expenditures for Ambulatory Visits (dollars)	Average Number of Ambulatory Visits	Average Number of RVUs Per Visit
All Frequent Users	517	90.25	6.73	21.37
Emergency Room	298	91.56	4.90	29.42
Outpatient Department	348	79.55	6.58	18.77
Physician's Office	504	88.37	6.73	20.94
Clinic	290	71.66	5.87	18.98
No Clear Source	762	109.69	7.34	24.17

Source:
1403-02

Table IV.C.3

Ambulatory Care Settings' Shares of Frequent Users and Expenditures

Predominant Source of Care	Percent of Frequent Users[a]	Frequent Users as Percent of AFDC Eligibles	Frequent Users' Percent of Expenditures
All Frequent Users	100.0	30.0	66.2
Emergency Room	2.6	0.8	1.0
Outpatient Department	6.3	1.9	2.8
Physician's Office	76.0	22.8	49.1
Clinic	2.3	0.7	0.8
No Clear Source	12.8	3.8	12.5

[a]Frequent users are people with 4 or more ambulatory care visits in a six month period.

[b]A person was assigned "no clear source" of care if her ambulatory care visits did not exhibit a pattern such that at least 75 percent occurred in one setting.

Source:
1403-02

Table IV.C.4

Ambulatory Care and Hospital Data for Infrequent and Frequent Users of Ambulatory Care, AFDC Females Eligible for Medicaid in California, 1976-1978

Number of Ambulatory Visits or Predominant Source of Care	Expenditures for Ambulatory Care (dollars)	Average Number of Ambulatory Visits	RVUs Per Visit	Percent Hospitalized	Average Length of Stay in Hospital (days)	Expenditures for Hospital Care (dollars)	Expenditures Per In-Patient Day (dollars)	Total Average Expenditures (dollars)
Zero	0.00	0.0	0.0	1.3	5.24	1,265	256	31.20
One	15.57	1.0	25.1	4.2	3.37	686	231	81.49
Two	29.08	2.0	23.3	6.9	4.69	1,187	265	179.69
Three	42.98	3.0	22.7	10.0	3.92	1,000	315	239.69
Frequent Users' Predominant Source of Care								
Emergency Room	91.56	4.9	29.4	8.5	8.17	1,547	187	298.33
Outpatient Department	79.55	6.6	18.8	10.8	7.10	1,534	237	347.74
Physician's Office	88.37	6.7	20.9	13.3	6.53	1,939	305	503.72
Clinic	71.66	5.9	19.0	9.8	4.38	1,508	359	290.33
No Clear Source	109.69	7.3	24.2	22.0	6.25	1,981	325	761.64
All Infrequent Users	17.89	1.2	23.5	4.8	4.17	1,016	275	113.09
All Frequent Users	90.25	6.7	21.4	14.1	6.48	1,918	305	516.83

Source:
1403-05

Table IV.C.5

Mean Medicaid Cost Per Eligible and The Percent Hospitalized, Excluding Deliveries, By Eligibility and Source of Care, California, January-June 1976-1978

Eligiblity Status	Cost Parameter	Predominant Source of Care[a]: Private Physician's Office	Predominant Source of Care[a]: Hospital OPD	Total Sample[b]
Female AFDC	Percent Hospitalized	9 (11)	10 (20)	8 (9)
	Inpatient Costs	$110 ($130)	$120 ($297)	$111 ($121)
	Percent of Total	46 (44)	45 (62)	47 (48)
	Total Costs	$307 ($296)	$264) ($477)	$234 ($251)
Disabled	Percent Hospitalized	16	20	13
	Inpatient Costs	$296	$678	$318
	Percent of Total	53	68	61
	Short Term	$274	$501	$246
	Long Term	$ 22	$177	$ 72
	Total Costs	$555	$1,000	$521

NOTE: For easy reference, the data on female AFDC recipients including those with deliveries are shown in parentheses. See note to Table IV.C.8 for details and qualifications.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient.

b. Includes all eligibles across all the sources of care and not just the two shown here. See Appendix tables for details.

Source:
1403-05

Table IV.C.6

Mean Costs and Frequency per Eligible of Selected "Discretionary" Surgical Procedures for Medicaid Eligibles by Predominant Source of Care and Eligibility Status, California, 1976-78

Measure	Eligibility Status[b]	Predominant Source of Care[a]		
		Private Office	OPD	Total[c]
Total Dollars Paid	Female AFDC	1.48	0.35	0.97
	Disabled	2.94	0.65	1.69
Inpatient Dollars (% of Total)	Female AFDC	44.15	38.58	43.98
	Disabled	53.04	3.68	50.30
Total RVUs	Female AFDC	3.00	0.86	1.96
	Disabled	7.14	0.04	4.02
Inpatient RVUs (% of Total)	Female AFDC	51.84	50.72	51.90
	Disabled	57.91	3.57	55.92
Total Visits	Female AFDC	0.04	0.02	0.03
	Disabled	0.12	0.03	0.07
Inpatient Visits (% of Total)	Female AFDC	21.63	12.31	19.85
	Disabled	7.99	5.26	8.14

NOTE: Discretionary surgical procedures comprises 11 procedures that generally require the discretion of the physician. Examples include arthrocentesis and cataract extraction. See notes to Tables IV.C.8 & IV.C.9 for details.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory visits occurred for a given patient. OPD is outpatient department.

b. Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Those aged 7-14 years old and 65 or older are excluded. Data are weighted to correct for age cohort and geographic stratification. The statistics for the disabled are based on a sample of 8,151 disabled eligibles. Those aged 65 years or older are excluded. Los Angeles county and drug claims are excluded.

c. Includes all sources of care, not just the two categories shown here.

Source:
1403-05

Table IV.C.7

Mean Statistics for "Special Diagnostic Studies"
by Eligibility Status and Predominant Source of Care,
California, 1976-1978

Eligibility Status	Predominant Source of Care[a]					
	Private Office	ER	OPD	Clinic	Nonuser	Total
AFDC - Total[b]						
No. of Services	0.01	0.01	0.01	0.01	0.00	0.01
No. of RVU's	0.78	0.57	0.28	0.06	0.03	0.52
Amount Paid ($)	0.40	0.27	0.14	0.02	0.02	0.26
AFDC w/o Pregnancy[c]						
No. of Services	0.01	0.01	0.01	0.00	0.00	0.01
No. of RVU's	0.69	0.31	0.31	0.07	0.03	0.45
Amount Paid ($)	0.33	0.18	0.16	0.02	0.02	0.22
Disabled[d]						
No. of Services	0.04	0.0	0.050	0.063	0.00	0.03
No. of RVU's	3.54	1.66	2.93	9.97	0.56	2.56
Amount Paid ($)	1.61	0.56	1.45	4.00	0.23	1.15

NOTE: Special Diagnostic Studies include 24 selected diagnostic procedures that can be billed by the physician, not including pathology or radiology. Examples include sigmoidoscopy, otoscopy. RVU is Relative Value Unit based on the 1969 California Relative Value Scale.

a. Predominant source of care is defined as the setting where the maximum number of physician visits occurred for a given patient. ER is emergency room. OPD is outpatient department.

b. Based on a sample of 8,622 AFDC female eligibles not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Those aged 7-14 years old and those aged 65 or older are excluded. Los Angeles and drug claims are excluded. Data are weighted to correct for age cohort and geographic stratification. Eligibles who received care in a long-term care setting not included in these data.

c. The subsample of AFDC women which excluded those who had a delivery during the six- month period of January through June.

d. Based on a sample of 8,151 disabled eligibles. Los Angeles county and drug claims are excluded. Those aged 65 or older are excluded. Eligibles who received care in a long-term care setting are included in these data.

Source:
1403-05

Table IV.C.8

Mean Expenditures Per Eligible For California Female AFDC Medicaid Eligibles Excluding Pregnancies by Predominant Source of Care and Type of Service 1976-1978

(dollars)

Type of Service	Predominant Source of Care[a]					
	Private Office	ER	OPD	Clinic	Nonuser of Ambulatory Care	Total
Ambulatory Care Visits[b]	54.37	44.55	50.12	40.86	0.00	39.60
(Number of visits per eligible)	(4.02)	(3.47)	(3.82)	(3.10)	0.00	(2.87)
(RVUs/visit)	(21.62)	(28.21)	(20.44)	(21.27)	0.00	(21.99)
Hospital visits	4.92	4.95	1.61	4.43	0.74	3.64
Other Medical	18.17	11.81	12.23	7.86	4.41	13.52
Pathology	16.70	11.28	17.71	12.89	0.76	12.31
Radiology	11.97	12.52	12.70	7.43	0.37	9.14
Surgery	29.56	27.82	15.74	5.90	2.77	21.16
Inpatient Care	140.85	165.75	120.10	108.24	15.36	110.02
Proportion hospitalized	(.09)	(0.13)	(0.10)	(0.04)	0.01	(0.08)
Average length of stay	(5.35)	(5.14)	(4.26)	(7.51)	4.83	(5.16)
$ for those hospitalized	1,510.03	1,498.75	1,165.97	2,666.36	1,202.81	1,459.34
$/day for those hospitalized	281.66	284.55	277.20	355.17	249.19	282.67
Other Inpatient Care[d]	0.09	0.00	0.00	0.00	0.00	0.05
Hospital Examining Room[c]	0.70	0.44	2.29	0.78	0.05	0.62
Emergency Room[c]	1.33	5.35	1.91	1.03	0.33	1.46
Other[d]	27.70	26.75	27.39	11.71	6.35	21.15
Total Cost	307.18	311.47	264.31	202.63	31.20	234.24
(Sample Size)	(5083)	(580)	(667)	(244)	(1869)	(8443)

NOTE: Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Six age cohorts are included. Those aged 7-14 years old and those aged 65 or older are excluded. Los Angeles county and drug claims are excluded. Data are weighted to correct for age cohort and geographic stratification. Eligibles who received care in a long-term care setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred. ER is emergency room. OPD is outpatient department.

b. Includes physician visits in all ambulatory settings regardless of predominant source of care for a given patient. RVU is relative value unit.

c. These charges are covered under California's Schedule of Maximum Allowances.

d. These services include home and nursing home visits, anesthesiology procedures, and other services covered under California's Schedule of Maximum Allowances.

Source:
1403-05

Table IV.C.9

Mean Expenditures Per Eligible For California Disabled Medicaid Eligibles by Predominant Source of Care and Type of Service 1976-1978

(dollars)

Type of Service	Predominant Source of Care[a]					
	Private Office	ER	OPD	Clinic	Nonuser of Ambulatory Care	Total
Ambulatory Care Visits[b]	62.52	43.90	57.91	67.86	0.00	41.61
(Number of visits)	(5.54)	(2.82)	(4.79)	(5.36)	0.00	(3.59)
(RVUs/visit	(19.67)	(27.31)	(19.71)	(19.46)	0.00	(19.95)
Hospital visit	17.86	12.28	7.56	13.03	2.24	11.41
Other Medical	42.58	51.97	35.66	45.04	18.41	34.82
Pathology	17.37	13.86	29.95	35.69	1.88	13.63
Radiology	19.75	21.03	32.24	18.58	1.23	14.93
Surgery	28.03	14.83	19.25	17.69	7.52	19.61
Inpatient Care[c]	274.21	413.36	501.46	293.11	110.78	246.02
Proportion hospitalized[d]	(0.16)	(0.30)	(0.20)	(0.12)	(0.05)	(0.13)
Average length of stay[c]	(9.44)	(9.47)	(11.92)	(10.85)	(13.25)	(10.35)
$ for those hospitalized[c]	1,616.92	1,368.31	2,226.42	2,385.16	1,951.77	1,726.77
$/day for those hospitalized[c]	172.64	140.13	184.63	219.83	147.33	166.89
Other Inpatient Care[e]	22.45	105.60	177.35	45.74	123.22	71.92
Hospital Examining Room[f]	0.92	0.94	5.48	0.54	0.08	1.05
Emergency Room[f]	1.36	4.35	1.23	0.94	0.09	1.10
Other[g]	56.50	89.77	100.24	57.20	24.81	51.81
Total Cost	555.09	804.07	1,000.24	599.82	297.26	520.74
(Sample Size)	(4290)	(396)	(739)	(144)	(2579)	(8151)

NOTE: Based on a sample of 8,151 disabled eligibles. Those aged 65 years or older are excluded. Los Angeles county and drug claims are excluded. Eligibles who received care in a long-term care setting are included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred. ER is emergency room. OPD is outpatient department.

b. Includes physician visits in all ambulatory settings regardless of predominant source of care. RVU is relative value unit.

c. Short term facilities only.

d. Includes long and short term facilities.

e. Long term facilities.

f. These changes are covered under California's Schedule of Maximum Allowances.

g. Other includes home and nursing home visits, anesthesiology procedures, and those services covered under California's Schedule of Maximum Allowances.

Source:
1403-05

Table IV.C.10

Mean Expenditures Per Eligible for California Female AFDC Medicaid Eligibles Excluding Pregnancies by Predominant Source of Care and Type of Service 1976-1978

Type of Service	Predominant Source of Care[a]								
	Private Office		Public Hospital		Private Hospital		Clinic	Nonuser of Ambulatory Care	Total
	GP	Specialist	ER	OPD	ER	OPD			
Ambulatory Care Visits[b]	52.47	55.73	36.03	44.80	46.26	58.60	40.86	0.00	39.60
(Number of visits)	(4.18)	(3.90)	(2.59)	(3.65)	(2.53)	(4.09)	(3.10)	(--)	(2.87)
(RVUs/visit)	(19.98)	(22.87)	(22.12)	(19.20)	(29.43)	(22.42)	(21.27)	(--)	(21.99)
Hospital visits	3.75	5.77	0.19	1.06	5.91	2.50	4.43	0.74	3.64
Other Medical	17.31	18.79	18.41	9.59	10.49	16.43	7.86	4.41	13.52
Pathology	15.36	17.67	10.41	16.47	11.46	19.68	12.89	0.76	12.31
Radiology	13.25	11.04	16.03	12.14	11.82	13.59	7.43	0.37	9.14
Surgery	23.40	33.99	7.43	16.46	31.91	14.61	5.90	2.77	21.16
Inpatient Care									
Short-Term hospital	111.60	161.91	92.58	128.52	180.44	106.68	108.24	15.36	110.02
(Proportion Hospitalized)	(0.08)	(0.10)	(0.22)	(0.12)	(0.11)	(0.08)	(0.04)	(0.01)	(0.08)
(Average Length of Stay)	(4.94)	(5.65)	(1.68)	(4.51)	(5.84)	(3.85)	(7.51)	(4.83)	(5.16)
$ for those hospitalized	1,340.22	1,632.34	393.99	1,109.39	1,720.55	1,256.21	2,666.36	1,202.81	1,459.34
$/day for those hospitalized	271.29	289.13	234.88	246.24	294.52	326.56	355.17	249.19	282.67
Hospital Examining Room[c]	0.61	0.70	0.36	1.77	0.46	3.12	0.78	0.05	0.62
Other Inpatient Care	0.03	0.13	0.00	0.00	0.00	0.00	0.00	0.00	0.05
Emergency Room[c]	0.78	1.65	4.16	1.80	5.60	2.09	1.03	0.33	1.46
Other[d]	22.37	29.11	11.91	22.70	29.73	35.53	11.71	6.35	21.15
Total Cost	263.06	338.96	198.38	257.13	334.17	275.75	202.63	31.20	234.24
(Sample Size)	(2151)	(2932)	(101)	(444)	(479)	(223)	(244)	(1869)	(8443)

NOTE: Based on a sample of 8,443 AFDC eligibles not eligible for prepaid care and Medicaid-eligible for at least six 6 continuous months. Los Angeles county and drug claims are excluded. All data are dollars except those in parentheses. Those aged 7-14 years and those aged 65 or over are excluded. Data are weighted to correct for age cohort and geographic stratification. Eligibles who received care in a long-term setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. ER is emergency room. OPD is outpatient department. GP is general practitioner.

b. Includes physician visits in all ambulatory settings regardless of predominant source of care. RVU is relative value unit.

c. These charges are covered under California's Schedule of Maximum Allowances.

d. Includes home and nursing home visits, anesthesiology procedures, and other services covered under California's Schedule of Maximum Allowances.

Source:
1403--05

Table IV.C.11

Mean Expenditures Per Eligible for California Disabled Medicaid Eligibles by Predominant Source of Care and Type of Service 1976-1978

Type of Service	Predominant Source of Care[a]								
	Private Office		Public Hospital		Private Hospital		Clinic	Nonuser of Ambulatory Care	Total
	GP	Specialist	ER	OPD	ER	OPD			
Ambulatory Care Visits[b]	63.52	61.69	39.67	53.67	46.04	63.92	67.86	0.00	41.61
(Number of visits)	(5.71)	(5.41)	(3.44)	(4.81)	(2.51)	(4.77)	(5.36)	(--)	(3.59)
(RVUs/visit)	(19.21)	(20.05)	(21.30)	(18.03)	(30.35)	(22.08)	(19.46)	(--)	(19.95)
Hospital visits	7.29	26.58	11.30	4.54	12.78	11.86	13.03	2.24	11.41
Other Medical	33.36	50.18	27.33	32.40	64.41	40.27	45.04	18.41	34.82
Pathology	14.16	20.03	17.00	26.63	12.27	34.65	35.69	1.88	13.63
Radiology	14.39	24.18	22.01	35.44	20.53	27.72	18.58	1.23	14.93
Surgery	16.35	37.66	20.95	15.53	11.74	24.51	17.69	7.52	19.61
Inpatient Care									
Short-Term hospital	150.52	376.11	622.97	363.80	307.57	696.39	293.11	110.78	246.02
(Proportion Hospitalized)	(0.11)	(0.20)	(0.29)	(0.19)	(0.31)	(0.22)	(0.12)	(0.05)	(0.13)
(Average Length of Stay)	(8.04)	(10.60)	(13.00)	(9.78)	(7.69)	(14.95)	(10.85)	(13.25)	(10.35)
$ for those hospitalized	1,480.21	1,729.54	2,124.49	1,698.60	986.70	2,973.83	2,385.16	1,951.77	1,726.77
$/day for those hospitalized	184.22	163.10	163.42	173.62	128.38	200.22	219.83	147.33	166.89
Other Inpatient Care	16.50	27.35	175.24	44.69	70.46	365.22	45.74	123.22	71.92
Hospital Examining Room[c]	1.04	0.83	0.95	5.34	0.94	5.68	0.54	0.08	1.05
Emergency Room[c]	1.58	1.18	5.93	1.37	3.56	1.03	0.94	0.09	1.10
Other[d]	49.99	61.87	116.43	79.20	76.32	130.03	57.20	24.81	51.81
Total Cost	374.85	703.57	1,089.36	674.74	660.09	1,464.17	599.82	297.26	520.74
(Sample Size)	(1939)	(2354)	(133)	(433)	(263)	(306)	(144)	(2579)	(8151)

NOTE: Based on a sample of 8,151 disabled eligibles. Los Angeles county and drug claims are excluded. All data are dollars except those in parentheses. Those aged 65 or over are excluded. Eligibles who received care in a long-term setting are not included in these data.

a. Predominant source of care is defined as the setting where the maximum number of ambulatory physician visits occurred for a given patient. ER is emergency room. OPD is outpatient department. GP is general practitioner.

b. Includes physician visits in all ambulatory settings regardless of predominant source of care. RVU is relative value unit.

c. These charges are covered under California's Schedule of Maximum Allowances.

d. Includes home and nursing home visits, anesthesiology procedures, and other services covered under California's Schedule of Maximum Allowances.

Source:
1403-05

Table IV.C.12

Mean Medicaid Cost Per Eligible and Percent Hospitalized, Eligibility and Source of Care, California, January-June 1976-1978

Eligibility Status	Cost Parameter	Predominant Source of Care[a]: Private Physician's Office	Predominant Source of Care[a]: Hospital OPD	Total[b]
Female AFDC	Percent Hospitalized[c]	11	20	9
	Inpatient Costs[d]	$130	$297	$121
	Percent of Total	(44)	(62)	(48)
	Total Costs	$296	$477	$251
Disabled	Percent Hospitalized[c]	16	20	13
	Total Inpatient Costs	$296	$678	$318
	Percent of Total	(53)	(68)	(61)
	Short Term	$274	$501	$246
	Long Term	$ 22	$177	$ 72
	Total Costs	$555	$1,000	$521

NOTE: Data include deliveries. See notes to Table IV.C.8 and IV.C.9 for details and qualifications.

a. Defined to be the mode (most frequent) of the setting where patients received their ambulatory physician visits.

b. Includes all eligibles, not just the two sources of care shown here. See Appendix tables for details.

c. Includes short and long term care facilities, but the latter are seldom used by AFDC females.

d. Short term facilities only.

Table IV.C.13

Mean Selected Discretionary Surgical Procedures For California Medicaid Eligibles by Predominant Source of Care and Eligibility Status 1976-1978

Measure	Eligibility Status	Predominant Source of Care[a] Private Office	ER	OPD	Clinic	Nonuser	Total
Total Dollars Paid	Female AFDC[b]	1.48	0.62	0.35	0.82	0.12	0.97
	Disabled[c]	2.94	0.30	0.65	0.68	0.19	1.69
Inpatient Dollars (% of Total)	Female AFDC	44.15	53.42	38.58	62.87	10.53	43.98
	Disabled	53.04	7.71	3.68	0.00	45.37	50.30
Total RVU's	Female AFDC	3.00	1.35	0.86	1.35	0.19	1.96
	Disabled	7.14	0.58	0.04	1.04	0.35	4.02
Inpatient RVU's (% of Total)	Female AFDC	51.78	64.72	50.72	65.50	13.43	51.90
	Disabled	57.91	13.04	3.57	0.00	57.14	55.92
Total Visits	Female AFDC	0.04	0.02	0.02	0.02	0.01	0.03
	Disabled	0.12	0.02	0.03	0.05	0.01	0.07
Inpatient Visits (% of Total)	Female AFDC	21.63	20.94	12.31	19.53	3.12	19.85
	Disabled	7.99	12.50	5.26	0.00	16.67	8.14

NOTE: Discretionary surgical procedures are a selected list of 11 procedures that require the discretion of the physician. Examples include arthrocentesis and cataract extraction.

a. Predominant Source of Care is defined as the setting where the maximum number of ambulatory visits occurred for a given patient. ER is emergency room. OPD is outpatient department.

b. Based on a sample of 8,622 female AFDC eligibles not eligible for prepaid care and Medicaid-eligible for at least six continuous months. Those aged 7-14 years old and those aged 65 or older are excluded. Los Angeles and drug claims are excluded. Data are weighted to correct for age cohort and geographic stratification.

c. Based on a sample of 8,151 disabled eligibles, those aged 65 years or older are excluded. Los Angeles and drug claims are excluded.

Source:
1403-02

Table IV.C.14

County Data on Population and Expenditures

County	Percent of Frequent Users	Percent of AFDC Medicaid Eligibles	Percent of Expenditures on Frequent Users	Percent of Inpatient Expenditures on Frequent Users
With Large Urban Centers, Total:	58.65	54.4	63.4	64.5
Alameda	11.05	10.2	17.3	21.8
San Francisco	8.3	6.8	9.4	9.5
Santa Clara	5.4	6.7	3.7	2.4
Orange	5.3	4.7	5.6	5.2
San Diego	11.4	9.8	13.9	15.6
Contra Costa	4.4	3.9	2.7	1.5
Marin	0.6	0.6	0.5	0.2
Sacramento	6.4	5.6	5.5	4.5
San Mateo	2.3	2.1	2.4	2.1
Solano	1.6	1.5	1.3	1.0
Ventura	1.9	2.5	1.1	0.7
With Small Cities:				
Santa Cruz, Yolo, Riverside, San Bernardino, Fresno, Kern, Monterey, Napa, San Joaquin, Sonoma, Stanislaus, Santa Barbara, San Luis Obispo	31.2	33.7	24.9	21.6
Rural:				
Del Norte, Humboldt, Mendocino, Lake, Lassen, Modoc, Shasta, Siskiyou, Trinity, Butte, Colusa, Glenn, Nevada, Plumas, Sierra, Sutter, Tehama, Yuba, Alpine, Amador, Calaveras, El Dorado, Madera, Mariposa, Merced, Mono, San Benito, Tuolumme, Placer, Inyo, Kings, Tulare, Imperial	10.1	12.1	11.8	13.8

Source:
1403-02

Table IV.C.15

Age Distribution of Frequent Users of Ambulatory Care Who Are AFDC Females Eligible for Medicaid, 1976-1978

(Percent)

Age Cohort	Frequent Users	Proportion of Expenditures On Frequent Users	AFDC Medicaid Eligibles	Proportion of Eligibles Who Are Frequent Users
Less Than 1 Year	6.04	4.0	3.35	52.4
1 - 6 Years	17.78	22.1	25.07	20.6
15 - 24 Years	27.26	19.8	30.21	26.3
25 - 34 Years	28.02	32.3	24.77	32.9
35 - 49 Years	16.95	17.8	13.90	35.5
50 - 64 Years	3.94	4.0	2.69	42.6

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